

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4670

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 500	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital				d. STREET ADDRESS Rt. # 2			
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) Benton		c. (Last) Brumley		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1951
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 14, 1894	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) West Plains, Mo. D		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac Brumley			13b. MOTHER'S MAIDEN NAME Sarah Hoskins		14. NAME OF HUSBAND OR WIFE Minnie Brumley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W.W. # 1		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Ella Price, Parnell, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial anoxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) coronary occlusion DUE TO (c) Infarction				INTERVAL BETWEEN ONSET AND DEATH  4201	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-28, 1951, to 2-1, 1951, that I last saw the deceased alive on 2-1, 1951 and that death occurred at 10:07 AM, from the causes and on the date stated above.							
23a. SIGNATURE H. J. Mc Anally (Degree or title)				23b. ADDRESS 926 E. 11th, K.C. Mo.		23c. DATE SIGNED 2-2-51	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/2/51		24c. NAME OF CEMETERY OR CREMATORY Pitts Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Harrisonville, Missouri	
DATE REC'D BY LOCAL REG. 2-3-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. H. G. Knacey  
30 Belmont Bldg.  
La 7432

Room 205 - Mrs. Stew  
Est. of ...  
1177 Harris

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Herbert H. Jones

working under my personal supervision.

Student Embalmer No. 411

Signed Herbert H. Jones  
Student Embalmer

Signed Emery M. Plank

Licensed Embalmer No. 1848

P. O. Address 3235 Gillham Plaza

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.